## REQUEST FOR APPLICATIONS

## **DEVELOPMENT FINANCE DIVISION**

Tenant Purchase Technical Assistance Program

FY 2012

## **APPLICATION FORM**

PARTS 1 AND 2

| Use Part 1 of the a                       | cational Profile and Capacity  oplication to provide basic information about your organization and to demonstrate its project idministrative capacity. | Total Points Available in<br>Part 1:<br>100 |
|---|--|---|
|   |  |   |
| 1. Provide basic in                       | formation about your organization.   |   |
| Name of<br>Organization                   |  |   |
| Year<br>Established                       |  |   |
| Overall<br>Organizational<br>Service Area |  |   |
| Primary Contact<br>Person/Title           |  |   |
| Site Address(es)                          |  |   |
| Mailing Address<br>(if different)         |  |   |
| Phone                                     |  |   |

| Fax                 |                               |      |  |
|---------------------|-------------------------------|------|--|
| Email               |                               |      |  |
| Website             | http://                       |      |  |
|                     |                               |      |  |
|                     |                               |      |  |
|                     |                               |      |  |
|                     |                               |      |  |
| Mission             |                               |      |  |
| Application Certifi | cation:                       |      |  |
| Signature of Author | ized Representative (staff)   | Date |  |
| Signature of Govern | ning Board President or Chair | Date |  |

|   |  |                                  |                                 | Points Available: 15    |
|---|--|----------------------------------|---------------------------------|-------------------------|
| 2. Provide informa additional rows if n | ation about the key staff at your onecessary). | rganization who will have respon | sibility for this activity (add | Score:                  |
| Key Staff                               | Name   | Title                            | Job Responsibilities            | Years with organization |
|   |  |                                  |                                 |                         |
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|   | 2008   | 2009                             | 2010                            | 2011                    |
| Niveshar of Evil                        |  |                                  |                                 |                         |
| Number of Full-<br>time Staff           |  |                                  |                                 |                         |
| ume otan                                |  |                                  |                                 |                         |
| Number of Part-                         |  |                                  |                                 |                         |
| time Staff Number of Staff              |  |                                  |                                 |                         |
| Departures                              |  |                                  |                                 |                         |
| (excluding                              |  |                                  |                                 |                         |
| interns)                                |  |                                  |                                 |                         |

| Provide information | about vour organi                     | zation's Board of Directors. | Add additional rows                     | s and expand cells as | Points Available: 5 |                        |
|---------------------|---------------------------------------|------------------------------|---|-----------------------|---------------------|------------------------|
| necessary.          | · · · · · · · · · · · · · · · · · · · |                              |   |                       | Score:              |                        |
| Name                | Role                                  | Home Address                 | Stakeholder representation <sup>1</sup> | Profession            | Affiliations        | Length<br>of<br>Tenure |
|                     |                                       |                              |   |                       |                     |                        |
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|                     |                                       |                              |   |                       | Average Tenure:     |                        |

<sup>&</sup>lt;sup>1</sup> The Department strongly generally prefers that a majority of the organization's Board be stakeholders in the community of low- and moderate-income District households in one of three ways (use the following letter code to indicate for each Board member whether one or more apply):

<sup>•</sup> A – indicates that the member is him/her-self a member of a low-/moderate-income District resident household;

B – indicates that the member owns or is a senior officer of private establishment and/or other institution located in and serving the District of Columbia's low-/moderate-income households; and/or

C – indicates that the member is a representative of a District neighborhood organization with a proven track record of serving low- and moderate-income residents.

| 4. Provide information to demonstrate that your Board possesses: (1) skills and/or experience related to, community development, and neighborhood revitalization, and (2) legal, business, and management skills required to oversee a significant tenant purchase technical assistance program in partnership with the District government. As appropriate, describe key Board initiatives within the past three years that demonstrates this. | Word Limit: 300 | Points Available: 15 (5 pts for 1 and 10 pts for 2)  Score: |
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|   |                 | Points Available: 10  |

| 5. Please provide the following finance | Score: |      |      |      |
|---|--------|------|------|------|
|   | 2008   | 2009 | 2010 | 2011 |
| Annual Operating Budget                 |        |      |      |      |
| Operations Surplus (deficit)            |        |      |      |      |
| Total Assets                            |        |      |      |      |
| Net Assets                              |        |      |      |      |

| Describe your organization's systems for managing finances and performance data | Word Limit: 300 | Points Available: 10 Score: |
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|----------|---------------------------|-------------------|---------------|-----------------------|----------------------|------------------|----------------------|--------------------|
| 7. Pleas | se provide information ab | out your organiz  | ation's maj   | or sources of funding | g (over \$10,000).   |                  | Score:               |                    |
|          | 2009                      |                   |               | 20                    | 10                   |                  | 2011                 |                    |
|          | Funder                    | Amount            |               | Funder                | Amount               | F                | under                | Amount             |
|          |                           |                   |               |                       |                      |                  |                      |                    |
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|          |                           |                   |               |                       |                      |                  |                      |                    |
| 8 Provi  | de contact information fo | r three reference | s from fun    | dina sources or othe  | r entities who are v | well acquainted  | l with your organiza | ition's ability to |
|          | positive outcomes within  |                   |               |                       |                      |                  |                      |                    |
| derileve |                           | nization          | io di C Willi |                       | ontact Person        | it your organiza | Telepho              |                    |
| a.       | Orga                      | IIIZGUOII         |               |                       | Jilladi i diddii     |                  | Totophi              | 5110               |
| b.       |                           |                   |               |                       |                      |                  |                      |                    |
| υ.       |                           |                   |               |                       |                      |                  |                      |                    |

 $<sup>^{\</sup>rm 2}$  DHCD reserves the right to act as its own reference (in addition to those listed) for any applicant.

|               | utcomes.3 Highlight re   |        | ivities, demonstrating succes<br>hments related to the propos |                    |          | Points Available: 10  Score: |
|---------------|--------------------------|--------|---|--------------------|----------|------------------------------|
| Activity Name | Partner<br>Organizations | Budget | Target Population   | Start/End<br>Dates | Outcomes | /Deliverable Products        |
|               |                          |        |   |                    |          |                              |
|               |                          |        |   |                    |          |                              |
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<sup>&</sup>lt;sup>3</sup> Activities listed should have start dates no earlier than 2007

|  |                 | Points Available: 5          |
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| 10. Describe the methods used by your organization to ensure that quality control is maintained in services provided. Expand cell as necessary.  | Word Limit: 200 | Score:                       |
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|  |                 | Points Available: 10         |
| 11. Describe your organization's systems for program management and tracking of  | Word Limit: 200 | Points Available: 10         |
| 11. Describe your organization's systems for program management and tracking of accomplishments. Expand cell to an additional page as necessary. | Word Limit: 200 | Points Available: 10  Score: |
|  | Word Limit: 200 |                              |
| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |
| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |
| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |
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| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |
| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |
| accomplishments. Expand cell to an additional page as necessary.   | Word Limit: 200 |                              |

| <ul><li>12(a) Describe recent challenges faced by your organization and the process used to address those challenges.</li><li>12(b) What are the most significant challenges facing your organization today, and how do you plan to respond?</li></ul> | Word Limit: 300 | Points Available: 10 Score: |
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| Part 2: Proposed Activities and Outcomes for the Tenant Purch Assistance Program  Use Part 2 of the application to demonstrate both your knowledge of the need for this activity and proposed the production of the second pr | Total Points Available in Part 2: |                             |
|--|-----------------------------------|-----------------------------|
| organization's ability to address those needs.  1. Describe your organization's marketing and outreach plan for the services and activities proposed. The plan should include a description of all marketing tools which will be used and how use of those tools will increase awareness of the availability of the Tenant Purchase Technical Assistance Program services. (Expand cell to additional page as necessary).  | Word Count: 500                   | Points Available: 10 Score: |
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| 2. Describe your organization's targeted service areas. What are its greatest needs? Or what data are your assumptions based? Note: applicants would do well to study DHCD's Action Plan target areas, and as applicable, Great Streets, DC Office of Planning Initiatives and/or other District priorities for data to support the needs documented. | Word Limit:<br>400 words | Points Available: 15 |
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| <b>3(a)</b> Describe in detail the Tenant Purchase Technical Assistance activities your organization proposes to undertake, through responding to this RFA. Provide some detail on the process by which these activities and services will be conducted. Explain how these activities and services address the community needs identified in #2 above. | Word Limit:<br>800 words | Points Available: 25 Score: |
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| <b>3(b)</b> Please provide a brief work plan for the proposed activity in the space below (add additional steps | as nece | ssary). |                      |  |
|---|---------|---------|----------------------|--|
| Major Tasks   | Start E | Date    | Complete Date        |  |
| 1.  |         |         |                      |  |
| 2.  |         |         |                      |  |
| 3.  |         |         |                      |  |
| 4.  |         |         |                      |  |
| 5.  |         |         |                      |  |
| 6.  |         |         |                      |  |
| from the activity proposed in #3 above and provide an estimate of the total budget necessary to achieve those   |         |         | Points Available: 15 |  |
| outcomes. Expand cells and add rows as necessary.   |         | Score:  |                      |  |
| Outcomes  |         |         |                      |  |
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| Budget                                   |  |                       |             |                      |
|--|--|-----------------------|-------------|----------------------|
| Cost Categories                          | Required DHCD Funding  |                       | Funding     | Total Costs          |
| Personnel                                |  |                       |             |                      |
| Consultants (specify type)               |  |                       |             |                      |
|  |  |                       |             |                      |
|  |  |                       |             |                      |
|  |  |                       |             |                      |
|  |  |                       |             |                      |
| Other (specify)                          |  |                       |             |                      |
| Guier (speerly)                          |  |                       |             |                      |
|  |  |                       |             |                      |
| Total Costs                              |  |                       |             |                      |
| Total costs                              |  |                       |             |                      |
|  |  |                       |             |                      |
|  |  |                       |             |                      |
| 5. Describe your organization's expenses | 5. Describe your organization's experience in delivering similar outcomes, including the |                       | Mand Lineit | Points Available: 15 |
|  |  | Word Limit: 300 words | Score:      |                      |
| <insert here="" response=""></insert>    |  |                       | 300 Words   | Score.               |
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| 6. Describe how your organization will leverage resources to support and enhance the outcomes envisioned by this project. | Word Limit:<br>300 words | Points Available: 10 |
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| 7. Describe how your organization's proposed activities and services fit in with other solutions are a Explain how the activities and services.                                     | Word Limit: | Points Available: 10 |
|---|-------------|----------------------|
| revitalization efforts in your targeted service area. Explain how the activities and services proposed are not duplicative with initiatives funded through other District agencies. | 300 words   | Score:               |
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